

# **Exhibit B**





Authority: 1949 PA 300, Sec. 257.622  
 Compliance: Required MSP UD-10  
 Penalty: \$100 and/or 90 days (Rev 1/04)

Do Not Use

Page 2 Of 2  
 Incident # 31883  
 File Class 9300-1-  
 Incident Disposition ☐ Open ☒ Closed Reviewer BL

## STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORJ: MI-5815800

Department Name MONROE Co. Sheriff

Crash Date: 10/22/2016 Crash Time: 1900 No. of Units: 03  
 County: 58 Traffic Control: ☒ None of These  
 City/Twp: 07 ☐ Signal ☐ Stop Sign ☐ Yield Sign  
 Relation to Roadway (Location of First Impact): ☒ On Road ☐ Median ☐ Shoulder ☐ Outside of Shoulder/Curb ☐ Gore ☐ Other/Unknown  
 Construction Zone (if applicable) (Mark One From Each Group)  
 Type: ☐ Const./Maint. ☐ Utility ☐ Lane Closed: ☐ Yes ☐ No ☐ Activity: ☐ On Road ☐ Off Road ☒ None

Crash Type  
☐ Single Motor Vehicle  
☒ Head On  
☐ Head On-Left Turn  
☐ Angle  
☐ Rear End  
☐ Rear End-Left Turn  
☐ Rear End-Right Turn  
☐ Sideswipe-Same  
☐ Sideswipe-Opposite  
☐ Other/Unknown

Special Circumstances: ☐ None ☐ Deer ☐ School Bus ☐ Hit and Run ☐ Fleeing Police  
 Special Study: ☐ Local ☐ State  
 Weather (Mark Only One): ☒ Clear ☐ Severe Wind ☐ Cloudy ☐ Snow/Blowing Snow ☐ Fog/Smoke ☐ Sleet/Hail ☐ Rain ☐ Other/Unknown  
 Light (Mark Only One): ☐ Daylight ☐ Dark-Lighted ☒ Dark-Unlighted ☐ Dusk ☐ Other/Unknown  
 Road Condition (Mark Only One): ☒ Dry ☐ Snowy ☐ Debris ☐ Wet ☐ Muddy ☐ Other/Unknown ☐ Icy ☐ Slushy

Special Checks  
☐ Fatal (Report All)  
☐ Corrected Copy  
☐ Replace (Entire Report)  
☐ Delete (Entire Report)  
☐ Non-Traffic Area  
☐ ORV/Snowmobile

Prefix: N Road Name: MONROE Divided Roadway: ☒ N ☒ S ☒ E ☒ W Road Type: ST Suffix:   
 Distance: 130 ☒ FT ☐ North ☐ East ☐ Beginning of Ramp ☐ South ☐ West ☐ End of Ramp

Prefix: STUMPNIER Divided Roadway: ☒ N ☒ S ☒ E ☒ W Road Type: RD Suffix:   
 Unit Number: 2 State:  Driver License Number:  Date of Birth: MMDDYYYY  
 License Type: ☐ O ☐ CY ☐ M ☐ C ☐ F ☐ M ☐ R Sex: ☐ M ☐ F Total Occup:  Hazard Action:

Unit Type: ☒ MV ☐ B ☐ P ☐ E (train) Name:  Street Address:  City:  State:  Zip:  Phone Number:   
 Driver Condition: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 99  
 Interlock: ☐ Yes ☐ No ☐ Refused ☐ Not offered (Submit Results to FARS When Available)  
 Alcohol: ☐ Yes ☐ No Test Type: ☐ Field ☐ PBT ☐ Breath ☐ Blood ☐ Urine Test Results:   
 Drugs: ☐ Yes ☐ No Test Type: ☐ Blood ☐ Urine Test Results:   
 Vehicle Registration:  State:  Insurance:  Towed To/By:

VIN:  Vehicle Description:  Make:  Model:  Color:  Year:   
 Location of Greatest Damage: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12  
 First Impact:  Extent of Damage: ☐ Yes ☐ No Driveable: ☐ Yes ☐ No  
 Vehicle Type: ☐ PA ☐ CY ☐ OR ☐ VA ☐ MO ☐ Other ☐ PU ☐ GC ☐ Truck/Bus ☐ ST ☐ SM (Complete Truck/Bus Section)  
 Vehicle Direction: ☐ North ☐ South ☐ East ☐ West  
 Special Vehicles: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6  
 Private Trailer Type: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7  
 Vehicle Use: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11

First Name: HEATHER Date of Birth: 10/28/1993 Sex: ☒ M ☐ F Position: 04 Restraint: 09 Hospital: Oakwood  
 Middle: ELYSE Street Address: 4848 S. Union River Dr. Ambulance: MCA  
 Last: THIBODEAU City: Flat Rock Ejected: ☐ Yes ☐ No Trapped: ☐ Yes ☐ No  
 State: MI Zip: 48134 Phone Number: 734-735-1547

First Name:  Date of Birth: MMDDYYYY Sex: ☐ M ☐ F Position:  Restraint:  Hospital:   
 Middle:  Street Address:  Ambulance:   
 Last:  City:  Ejected: ☐ Yes ☐ No Trapped: ☐ Yes ☐ No  
 State:  Zip:  Phone Number:

Owner: ☐ Owner ☐ Uninjured Passenger ☐ Witness Name:  Age:  Pos:  Rest:  Address:   
 Owner: ☐ Owner ☐ Uninjured Passenger ☐ Witness Name:  Age:  Pos:  Rest:  Address:   
 Person Advised of Damaged Traffic Control:  Date:  Time:  Damaged Property:  Public: ☐ Y ☐ N  
 Owner & Phone:

UD-10 SERIAL NUMBER

0192103

Serial Override Number

Do Not Write or Mark In This Area

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Unit Number <b>2</b>		State <b>MI</b>		Driver License Number <b>T130067792247</b>		<b>BACK</b>	
Date of Birth <b>03/28/1985</b>		License Type <input checked="" type="radio"/> D <input type="radio"/> CY <input type="radio"/> C <input type="radio"/> F <input type="radio"/> M <input type="radio"/> R		Sex <input checked="" type="radio"/> M <input type="radio"/> F		Total Occup <b>04</b>	
<b>NCS</b>		Unit Type <input checked="" type="radio"/> MV <input type="radio"/> B <input type="radio"/> P <input type="radio"/> E (train)		Name <b>Andrew Thomas Thibodeau</b>		Hospital <b>Toledo</b>	
Street Address <b>4848 S. Huron River Dr.</b>		City <b>Flat Rock</b>		State <b>MI</b>		Zip <b>48134</b>	
Phone Number <b>734-1547</b>		Driver Condition <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99		Injury <input type="radio"/> K <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O		Position <b>01</b>	
Interlock <input type="radio"/> Yes <input checked="" type="radio"/> No		Refused <input type="radio"/> Yes <input checked="" type="radio"/> No		Not offered <input type="radio"/> Yes <input checked="" type="radio"/> No		Restraint <b>04</b>	
Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No		Test Type <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine		Test Results		Ejected <input type="radio"/> Yes <input checked="" type="radio"/> No	
Drugs <input type="radio"/> Yes <input checked="" type="radio"/> No		Test Type <input type="radio"/> Blood <input type="radio"/> Urine		Test Results		Airbag Deployed <input type="radio"/> Yes <input checked="" type="radio"/> No	
Vehicle Registration <b>BW26105</b>		State <b>MI</b>		Insurance <b>State Farm #2966132-40122</b>		Citation Issued <input type="radio"/> Yes <input checked="" type="radio"/> No	
Towed To/By <b>Jerry's / Jerry's</b>		VIN <b>1LNLM91V4SY621869</b>		Vehicle Description <b>Lincoln Mark 8</b>		Year <b>1995</b>	
Location of Greatest Damage <b>01</b>		First Impact <b>01</b>		Extent of Damage <b>7</b>		Driveable <input type="radio"/> Yes <input checked="" type="radio"/> No	
Vehicle Type <input checked="" type="radio"/> PA <input type="radio"/> VA <input type="radio"/> PU <input type="radio"/> ST		Vehicle Type <input type="radio"/> CY <input type="radio"/> MO <input type="radio"/> GC <input type="radio"/> SM		Vehicle Direction <input type="radio"/> North <input checked="" type="radio"/> South <input type="radio"/> East <input type="radio"/> West		Special Vehicles <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	
Private Trailer Type <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7		Vehicle Defect <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6		Vehicle Use <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11			
First Name <b>AMANDA</b>		Date of Birth <b>03/30/1993</b>		Sex <input type="radio"/> M <input checked="" type="radio"/> F		Position <b>0304</b>	
Middle <b>LYNN</b>		Street Address <b>724 Michigan</b>		City <b>Monroe</b>		Hospital <b>St V's</b>	
Last <b>WATTS</b>		State <b>MI</b>		Zip <b>48161</b>		Phone Number <b>734-819-2163</b>	
Injury <input type="radio"/> K <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O		Airbag Deployed <input type="radio"/> Yes <input checked="" type="radio"/> No		Not Equipped <input type="radio"/> Yes <input checked="" type="radio"/> No		Ejected <input type="radio"/> Yes <input checked="" type="radio"/> No	
First Name <b>FELICIA</b>		Date of Birth <b>02/09/1998</b>		Sex <input type="radio"/> M <input checked="" type="radio"/> F		Position <b>0609</b>	
Middle <b>ANN</b>		Street Address <b>724 Michigan</b>		City <b>Monroe</b>		Hospital <b>Toledo</b>	
Last <b>SCHEFFLER</b>		State <b>MI</b>		Zip <b>48161</b>		Phone Number <b>734-819-2163</b>	
Injury <input type="radio"/> K <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O		Airbag Deployed <input type="radio"/> Yes <input checked="" type="radio"/> No		Not Equipped <input type="radio"/> Yes <input checked="" type="radio"/> No		Ejected <input type="radio"/> Yes <input checked="" type="radio"/> No	
Owner <input type="radio"/> Owner <input type="radio"/> Witness		Name		Address		Phone Number	
Uninjured Passenger <input type="radio"/> Owner <input type="radio"/> Witness		Name		Address		Phone Number	
Uninjured Passenger <input type="radio"/> Owner <input type="radio"/> Witness		Name		Address		Phone Number	

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Forward Original To: Michigan State Police, Traffic Crash Reporting Section, 7150 Harris Drive, Lansing, MI 48913

Do Not Write or Mark On This Side of The Line

<b>Unit Reported on Front</b>				<b>Unit Reported Above</b>			
Action Prior		Sequence of Events		Action Prior		Sequence of Events	
First	Second	Third	Fourth	First	Second	Third	Fourth
<b>01</b>	<b>17</b>			<b>01</b>	<b>02</b>	<b>17</b>	<b>17</b>
Most Harmful <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4				Most Harmful <input type="radio"/> 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4			
Unit Number		Carrier Name		Unit Number		Carrier Name	
Address				Address			
City		State		City		State	
Zip		GVWR/GCWR		Zip		GVWR/GCWR	
ICCMC		Driver's CDL Type		ICCMC		Driver's CDL Type	
USDOT		<input type="radio"/> A <input type="radio"/> C <input type="radio"/> B <input type="radio"/> None		USDOT		<input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X	
MPSC		<input type="radio"/> Interstate <input type="radio"/> Intra (MI Only)		MPSC		<input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30	
Type & Axles Per Unit		CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other		Type & Axles Per Unit		CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other	
First Second Third Fourth		Vehicle Type		First Second Third Fourth		Vehicle Type	
<input type="radio"/> AA <input type="radio"/> AT <input type="radio"/> BH <input type="radio"/> CH <input type="radio"/> AN <input type="radio"/> AY <input type="radio"/> BN <input type="radio"/> CP <input type="radio"/> AP <input type="radio"/> AZ <input type="radio"/> BP <input type="radio"/> CS		<input type="radio"/> AS <input type="radio"/> AL <input type="radio"/> BS <input type="radio"/> CX <input type="radio"/> AH <input type="radio"/> AX <input type="radio"/> BH <input type="radio"/> CH <input type="radio"/> AN <input type="radio"/> AY <input type="radio"/> BN <input type="radio"/> CP <input type="radio"/> AP <input type="radio"/> AZ <input type="radio"/> BP <input type="radio"/> CS		<input type="radio"/> AA <input type="radio"/> AT <input type="radio"/> BH <input type="radio"/> CH <input type="radio"/> AN <input type="radio"/> AY <input type="radio"/> BN <input type="radio"/> CP <input type="radio"/> AP <input type="radio"/> AZ <input type="radio"/> BP <input type="radio"/> CS		<input type="radio"/> AS <input type="radio"/> AL <input type="radio"/> BS <input type="radio"/> CX <input type="radio"/> AH <input type="radio"/> AX <input type="radio"/> BH <input type="radio"/> CH <input type="radio"/> AN <input type="radio"/> AY <input type="radio"/> BN <input type="radio"/> CP <input type="radio"/> AP <input type="radio"/> AZ <input type="radio"/> BP <input type="radio"/> CS	
Cargo Body Type		Medical Card <input type="radio"/> Y <input type="radio"/> N		Cargo Body Type		Medical Card <input type="radio"/> Y <input type="radio"/> N	
ID #		Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill		ID #		Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill	
Class #				Class #			

Crash Diagram and Remarks	
<div style="position: relative;"> <div style="position: absolute; top: 10px; left: 10px;">North ↑</div> <div style="position: absolute; top: 50px; left: 50px;">Stumpier Rd.</div> <div style="position: absolute; top: 70px; left: 70px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">3</div> </div> </div>	

UD-10 SERIAL NUMBER <b>0192102</b>		Investigated at Scene <input checked="" type="radio"/> <input type="radio"/> N		Reported Date/Time <b>10/26/10 1945 Hrs.</b>		Photos By	
Investigator Name(s) & Badge # (Print Only) <b>Dep. JAGOTER #79</b>							

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Unit Number <b>3</b>		State <b>MI</b>		Driver License Number <b>J455149067871</b>		<b>BACK</b>	
NCS				Date of Birth <b>01/03/1977</b>		License Type <input checked="" type="radio"/> O <input type="radio"/> CY <input type="radio"/> C <input type="radio"/> F <input type="radio"/> M <input type="radio"/> R	
Unit Type <input checked="" type="radio"/> MV <input type="radio"/> B <input type="radio"/> P <input type="radio"/> E (train)		Name <b>Dory Ann Jermeno</b>		Sex <input type="radio"/> M <input checked="" type="radio"/> F		Total Occup <b>03</b>	
Street Address <b>12201 Spense Ln.</b>		City <b>Carleton</b>		State <b>MI</b>		Zip <b>48117</b>	
Driver Condition <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99		Phone Number <b>734-755-6763</b>		Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O		Position <b>01</b>	
Interlock <input type="radio"/> Yes <input checked="" type="radio"/> No		Refused <input type="radio"/> Not offered		Restrained <input type="radio"/> Yes <input checked="" type="radio"/> No		Hospital <b>St V's</b>	
Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No		Test Type <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine		Airbag Deployed <input checked="" type="radio"/> Yes <input type="radio"/> No		Ambulance <b>MCA</b>	
Drugs <input type="radio"/> Yes <input checked="" type="radio"/> No		Test Type <input type="radio"/> Blood <input type="radio"/> Urine		Citation Issued		Hazardous <input type="radio"/> Other <input type="radio"/>	
Vehicle Registration <b>BLS9350</b>		State <b>MI</b>		Insurance <b>AAA#9-2037243-08-001</b>		Towed To/By <b>Jerry's/Jerry's</b>	
VIN <b>2LMDJGJC9ABJ29090</b>		Vehicle Description <b>LINCOLN</b>		Model <b>MKX</b>		Color <b>Silver</b>	
Year <b>2010</b>		Location of Greatest Damage <b>01</b>		Vehicle Type <input type="radio"/> PA <input type="radio"/> CY <input type="radio"/> OR <input type="radio"/> VA <input type="radio"/> MD <input type="radio"/> Other <input type="radio"/> PU <input type="radio"/> GC <input type="radio"/> Truck/Bus <input checked="" type="radio"/> ST <input type="radio"/> SM		Vehicle Direction <input checked="" type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West	
First Impact <b>01</b>		Extent of Damage <b>7</b>		Driveable <input type="radio"/> Yes <input checked="" type="radio"/> No		Special Vehicles <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	
First Name <b>DOROTHY</b>		Date of Birth <b>02/29/1943</b>		Sex <input type="radio"/> M <input checked="" type="radio"/> F		Position <b>03</b>	
Middle <b>JANE</b>		Street Address <b>11952 Sweitzer</b>		Restrained <input type="radio"/> Yes <input checked="" type="radio"/> No		Hospital <b>Oakwood</b>	
Last <b>BERGE</b>		City <b>Carleton</b>		State <b>MI</b>		Zip <b>48117</b>	
Injury <input type="radio"/> K <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> O		Airbag Deployed <input checked="" type="radio"/> Yes <input type="radio"/> No		Not Equipped <input type="radio"/> Yes <input checked="" type="radio"/> No		Ejected <input type="radio"/> Yes <input checked="" type="radio"/> No	
First Name		Date of Birth		Sex		Position	
Middle		Street Address		Restrained		Hospital	
Last		City		State		Zip	
Injury		Airbag Deployed		Not Equipped		Ejected	
First Name		Date of Birth		Sex		Position	
Middle		Street Address		Restrained		Hospital	
Last		City		State		Zip	
Injury		Airbag Deployed		Not Equipped		Ejected	
Owner <input type="radio"/> Witness <input type="radio"/> Name		Address		Phone Number		Age Pos. Rest.	
Uninjured Passenger <input type="radio"/> Owner <input type="radio"/> Witness <input type="radio"/> Name		Address		Phone Number		Age Pos. Rest.	
Uninjured Passenger <input type="radio"/> Owner <input type="radio"/> Witness <input type="radio"/> Name		Address		Phone Number		Age Pos. Rest.	

  

Unit Reported on Front				Unit Reported Above			
Sequence of Events				Sequence of Events			
Action Prior	First	Second	Third	Fourth	Action Prior	First	Second
Most Harmful	(M)	(M)	(M)	(M)	Most Harmful	(M)	(M)

  

Unit Number		Carrier Name	
Address			
City		State	
Zip		Carrier Source	
		<input type="radio"/> Papers <input type="radio"/> Vehicle <input type="radio"/> Log Book <input type="radio"/> Driver	
ICCMC		Driver's CDL Type	
		<input type="radio"/> A <input type="radio"/> C <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> B <input type="radio"/> None <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X	
USDOT		CDL Restrictions	
		<input type="radio"/> Interstate <input type="radio"/> Intra (MI Only) <input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30	
MPSC		CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other	
		Vehicle Type	
		<input type="radio"/> AS <input type="radio"/> AL <input type="radio"/> BS <input type="radio"/> CX <input type="radio"/> AA <input type="radio"/> AT <input type="radio"/> BB <input type="radio"/> BX <input type="radio"/> Other <input type="radio"/> AH <input type="radio"/> AX <input type="radio"/> BH <input type="radio"/> CH <input type="radio"/> AN <input type="radio"/> AY <input type="radio"/> BN <input type="radio"/> CP <input type="radio"/> AP <input type="radio"/> AZ <input type="radio"/> BP <input type="radio"/> CS	
Type & Axles Per Unit		Medical Card <input type="radio"/> Y <input type="radio"/> N	
First Second Third Fourth		Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill	
Cargo Body Type <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8		Class #	
ID #			

  

UD-10 SERIAL NUMBER <b>0192103</b>		Investigated at Scene <input checked="" type="radio"/> <input type="radio"/> N		Reported Date/Time <b>10/24/10 1945 Hrs</b>		Investigator Name(s) & Badge # (Print Only) <b>Dep. Jagotke #79</b>	
						Photos By	

  

Crash Diagram and Remarks	
<p>Unit #1 + 3 were N/B ON N. Monroe St. Unit #2 WAS S/B ON Monroe St. Unit #2 Crossed the center line and Struck the rear driver side fire of Unit #1. Unit #2 continued across the center line and Struck Unit #3 Head on. All occupants of Unit #2 + 3 were transported to the Hospital for treatment.</p>	

Forward Original To: Michigan State Police, Traffic Crash Reporting Section, 7150 Harris Drive, Lansing, MI 48913

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**Monroe County Sheriff's Office**

100 E. Second St, Monroe, MI 48161  
(734) 240-7400

Incident Number

31883-10

Page 1 of 2

## \*\*\*\*\*SUPPLEMENT REPORT\*\*\*\*\*

## Serious Injury Traffic Crash Investigation

Date: 10/27/10  
Time: 7:46 PM  
Venue: N Monroe St near Stumpmier Rd-Frenchtown Twp.

## INFORMATION:

On 10/26/10 at approximately 7:46 PM R/O (Reporting Officer) was requested by Sgt. Kemp regarding assistance at the scene of a traffic crash on N. Monroe St. near Stumpmier Rd. R/O responded from Maxwell Rd in Carleton, Mi. and arrived on scene at approximately 7:55 PM.

## SCENE:

R/O arrived on scene from S/B N Monroe St and observed the crash site to be primarily within the right lane of N. Monroe St, just south of Stumpmier Rd. Upon arrival Deputy Jagkota and Deputy Modica were gathering information. Medical personnel were already on scene and all but one victims had been removed and transported to the hospital for treatment.

R/O observed a maroon Lincoln near the driveway of the Frenchtown Fire Department (6940 N Monroe St). The vehicle had extensive front and right side damage. The vehicle was facing east and appeared to have come to an uncontrolled stop on the east shoulder of N. Monroe St.

Just south of this vehicle, in the left lane of N/B N. Monroe St, was a silver Lincoln SUV. This vehicle displayed contact damage to the entire front end and was facing southeast.

To the north of the listed vehicles, R/O observed a light blue in color Dodge vehicle. This vehicle had contact damage to the left side, primarily from the driver's door towards the rear tire area. The vehicle was facing south in the left lane of southbound N. Monroe St. To the south of this vehicle R/O observed tire marks in a criss cross pattern leading from the left lane of N/B N. Monroe St into the left lane of southbound N. Monroe St.

R/O learned that the listed maroon Lincoln was S/B on N. Monroe St and traveled left of the centerline and into the N/B traffic lanes. The maroon Lincoln then struck the left side of the light blue Dodge causing it to spin out of control and into the S/B lanes. After impact with the Dodge, the maroon Lincoln then struck the silver Lincoln SUV head on in the left lane of N/B N. Monroe St.

The roadway surface was dry upon R/O's arrival. The sky was clear.

## PHOTOGRAPHS:

R/O used a department issued Cannon digital camera to take photographs of the crash scene and vehicles involved. Photographs attached to this report.

Deputy Daniel Zdybek



**Monroe County Sheriff's Office**

100 E. Second St, Monroe, MI 48161  
(734) 240-7400

Incident Number

**31883-10**

Page 2 of 2

**OFFICER ACTIONS:**

R/O was informed by Monroe Community Ambulance paramedic's that none of the victims had life threatening injuries.

Using orange spray paint, R/O marked the location of each vehicle and the point of impact.

**VEHICLE DISPOSITION:**

The listed vehicles were removed from the scene and taken to Jerry's Towing Shop, by Jerry's Towing.

**DRIVER INTERVIEW/STATEMENTS:**

Obtained by Deputy Jagotka.

**SUMMARY:**

Investigation turned over to Deputy Jagotka

Deputy Daniel Zdybek